

Stock Special Print

Food Product Label

Product: _____
 Producto: _____

Today's Date: _____
 Fecha de hoy: _____

Today's Time: _____
 Hora: _____

Expiration Date: _____
 Fecha de expiración: _____

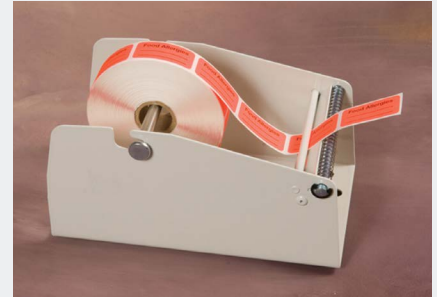
Initials: _____
 Iniciales: _____

Catalog #: FPL4
 (4000 per Box)
 Removable/Non-Residue

CART DELIVERY LOG

Trays Delivered By: _____	Time Cart Left Kitchen: _____
Time First Tray Delivered: _____	Time Last Tray Delivered: _____
Room Number	Room Number

DOC Cart Log
 Catalog #: 48548
 (6000 per Box)



Label Dispenser
 Catalog #: LDM450
 (1 per Box)

Food Allergies

Food Allergy Label
 FSR 350 (2000 per case)

THAWING

ITEM _____

DATE _____

USE BY _____

INITIALS _____

Thawing Label
 (2000 per case)



USE FIRST Label
 (5000 per box)



Catalog #: DIABETIC
 (5000 per box)



Catalog #: CHECK TRAY
 (1000 per box)



Catalog #: STAT
 (5000 per box)

Enteral Use Only
 Nutrition Services

Patient Name _____
 ID _____
 Room Number _____

Formula/Product _____

Delivery Site

Enteral Tube access site: _____

Administration

Method: _____	Intermittent Bolus	Continuous
Rate: _____ mL/hr		Date: _____
Nurse: _____		Time: _____
Expiration Date: _____		Date: _____

(24hr after opening)

Enteral Label
 Catalog#: ENTERAL
 (1000 per box)



Catalog #: TEXTURE MODIFIED
 (1000 per box)

DIABETIC PATIENTS
 Have you had your blood sugar checked?
 Have you taken your diabetes medication?
 If you are diabetic, please call your nurse before eating your meal.
 Thank you.

PACIENTES DIABÉTICOS
 Se ha hecho chequear su nivel de azúcar en sangre?
 Ha tomado su medicamento de la diabetes?
 Si usted es diabético, por favor llame a su enfermero antes de comer su comida.
 Gracias.

Stop/Check Diabetic Card
 Catalog#: 400735
 (2500 per box)

